

NEW MEXICO STATE UNIVERSITY

Fabian Garcia Science Center

Request for Pesticide Application

Project: _____ Index No.: _____

PI (Authorized By): _____ Tel. No. : _____

Signature: _____ Date: _____

Crop: _____ Pest: _____ Pesticide: _____

Location: _____ Area: _____

Spray date: _____ Spray time: _____

Application equipment: _____

Important Notes: _____

Re-entry is determined by pesticide label. Remember to irrigate and conduct any other important activities prior to spray. (This form must be submitted at least 24hr. ahead of application).

No.	Chemical Name	EPA Reg. No.	Rate	R.E.I.	Harvest interval
1					
2					
3					

No.	Amount of Chemical	Volume of water	Surfactant	Notes
1				
2				
3				

Personal Protective Equipment (PPE):

Respirator, gloves, goggles, spray suite, boots, _____ (Circle)

Applicator signature: _____

Completion date & time: _____